

University of Wisconsin Oshkosh Geology Field Camp Medical Questionnaire

Note: This information is requested for your safety only.
It will be held strictly confidential.

Name _____

- 1) Are you allergic to bee stings? Yes _____ NO _____
- 2) Have you ever suffered from heat exhaustion or heat stroke? Yes _____ NO _____
- 3) Have you had a history of asthma? Yes _____ NO _____
- 4) Are you currently taking medication for asthma? Yes _____ NO _____
- 5) Do you have any other medical problems (diabetes, epilepsy, etc.) that might interfere with your ability to do rigorous field work? Yes _____ NO _____
If so, please list them:
- 6) Will you be taking any illness-related prescription medications during field camp? Yes _____ NO _____
If so, please list them:
- 7) Are you aware of any other medical conditions that should be brought to the attention of the field camp instructor? If so, please list them:

Please read the following statement, and sign below:

I have answered the forgoing questions truthfully and to the best of my knowledge, and have provided the field camp instructor with medical information that might be crucial to my safety. I understand that I am responsible for bringing with me all the medication I might need for the duration of the course and for using that medication appropriately.

Signature _____ Date _____